

## RECEIVED

FEB 06 2009

## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or Print all Information Clearly:

Name: Nancy L. Rollins

Work Phone No. 271-8560

First Middle Last

Work Address: 129 Pleasant Street, Brown Building, Concord, NH 03301

Office/Appointment/Employment held: Associate Commissioner, Department of Health and Human Services

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement. When the source is a corporation or other entity, the name and work address of the person representing the corporation or entity in making the honorarium or expense reimbursement must be provided in addition to the name of the corporation or entity.

Source of Honorarium or Expense Reimbursement:

| Name of source:  |
|--|
| First Middle Last  |
| Post Office Address:   |
| Occupation:  |
| Principal Place of Business:   |
| If source is a Corporation or other Entity:  |
| Name of Corporation or Entity:   |
| National Federation of Families for Children's Mental Health Policy Academy                            |
| Name of Corporate/Entity Representative:   |
| Elaine Slaton, Director of Training and Evaluation   |
| Work Address of Representative:  |
| 9605 Medical Center Drive #280, Rockville, MD 20850  |
| Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00 LXXI                 |
| Value of Honorarium: Date Received: If exact value is unknown, provide an                              |
| estimate of the value of the gift or honorarium and identify the value as an estimate. [17] Exact [17] |
| Estimate   |
| Value of Expense Reimbursement: \$1,544.12 Date Received:2/23/2009 to 2/27/2009 A copy of the agenda   |
| or an equivalent document must be attached to this filing. L.L. Exact XX Estimate                      |
| Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:             |
| New Hampshire (NH) was one of six (6) states selected through a competitive application                |

Briefly describe the service or event this Honorarium or Expense Reimbursement relates to:
New Hampshire (NH) was one of six (6) states selected through a competitive application process by the Substance Abuse and Mental Health Services Administration (SAMHSA) to participate in the 2009 National Federation of Families for Children's Mental Health Policy Academy. NH will send a delegation of six (6) representatives. The purpose of the Academy is to assist States with the development and implementation of public policies that will make systems more consumer and family-driven. Specifically, NH seeks to develop and support a service model whereby youth with the most intensive mental health service needs would have access to culturally responsive, family and youth

driven, individualized services without traditional categorical "silos", rule or finance barriers to accessing a full array of supports and services.

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of Filer Data Filed

9/07

**RSA 15-B:9 Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301

9605 Medical Center Drive, Ste 280 • Rockville, MD 20850 • Phone ~ 240-403-1901 • Fax ~ 240-403-1909 • www.ffcmh.org

## 2009 National Federation Policy Academy:

## Transforming Children's Mental Health through Family-Driven Strategies

Draft Agenda (as of 1-5-09)

Monday, February 23

3:00 pm - 6:00 pm

Registration for Delegations

4:30 pm - 5:30 pm

Faculty Orientation Meeting

6:00 pm - 8:00 pm

Dinner

Welcome

Review of Meeting Structure and Expectations

Tuesday, February 24

7:30 am - 8:30 am

Registration and Continental Breakfast

8:30 am - 10:00 am

PLENARY ONE

POLICY DEVELOPMENT AND IMPLEMENTATION:
TRANSFORMING CHILDREN'S MENTAL HEALTH

THROUGH FAMILY DRIVEN STRATEGIES

10:00 am - 10:30 am

Break

10:30 am - 12:00 pm

Delegation Meeting Session One

| 12.00 | pm – 1:      | 00 nm   | Lunch |
|-------|--------------|---------|-------|
| 12.00 | $\rho$ m – m | oo piii | LOHCH |

(Each state will have an opportunity to introduce their state by articulating what they want to

accomplish)

1:30 pm – 3:30 pm Seminar Sessions (Critical topical areas—In-depth

Sessions)

3:15 pm – 3:30 pm **Break** 

3:30 pm – 5:30 pm Delegation Meeting Session Two

6:00 pm Dinner on your own

Wednesday, February 25

7:30 am – 8:30 am Breakfast at Roundtables

Informal time with faculty and resource consultants

8:30 am - 9:30 am PLENARY TWO

9:30 am – 10:00 am Questions and Dialogue

10:00 am - 10:15 am **Break** 

10:15 am – 12:30 pm Delegation Meeting Session Three

12:30 pm – 1:30 pm Lunch

1:30 pm – 3:30 pm **Delegation Meeting Four** 

3:30 pm – 3:45 pm **Break** 

3:45 pm – 5:30 pm Delegation Meeting Session Five

End of Day

Dinner on your own

Thursday, February 28

8:00 am – 9:00 am **Breakfast** 

9:00 am – Noon

Delegation Meeting Session Six: Developing an

Action Plan

Noon – 2:00 pm

Farewell Luncheon, Sharing Efforts, and Recognition

of Delegates' Work

MEETING ADJOURNS